FORM TO BE USED BY PRISONERS IN FILING A COMPLAINT UNDER THE CIVIL RIGHTS ACT, 42 U.S.C. § 1983

IN THE UNITED STATES DISTRICT COURT
FOR THE SOUTHERN DISTRICT OF MISSISSIPPI

COMPLAINT

CORRERO 52772
(Last Name) (Identification Number)

Joseph S
(First Name) (Middle Name)

East Miss Corr. Facility
(Institution)
10641 Hwy 80 West
Meridian, Miss 39307
(Address)
(Enter above the full name of the plaintiff, prisoner, and address plaintiff in this action)

SOUTHERN DISTRICT OF MISSISSIPPI
FILED
NOV - 6 2009
J. T. NOBLIN, CLERK
BY__________DEPUTY

V.

CIVIL ACTION NUMBER: 3:09cv666-TSL-JCS
(to be completed by the Court)

Madison County Sheriffs' Department
Madison County, Miss.
Hwy 51
Madison, Miss
(Enter above the full name of the defendant or defendants in this action)

OTHER LAWSUITS FILED BY PLAINTIFF

NOTICE AND WARNING:
The plaintiff must fully complete the following questions. Failure to do so may result in your case being dismissed.

A. Have you ever filed any other lawsuits in a court of the United States? Yes ( ) No (X)

B. If your answer to A is yes, complete the following information for each and every civil action and appeal filed by you. (If there is more than one action, complete the following information for the additional actions on the reverse side of this page or additional sheets of paper.)

1. Parties to the action:__________

2. Court (if federal court, name the district; if state court, name the county):__________

3. Docket Number:__________

4. Name of judge to whom case was assigned:__________

5. Disposition (for example: was the case dismissed? If so, what grounds? Was it appealed? Is it still pending?):__________

PARTIES

(In item I below, place your name and prisoner number in the first blank and place your present address in the second blank. Do the same for additional plaintiff, if any).

I. Name of plaintiff: Joseph S. Correro Prisoner Number: 52772

Address: East Miss. Corr. Facility
10641 Hwy. 80 West / P.O. Box 4217
Meridian, Miss 39307

(In item II below, place the full name of the defendant in the first blank, his official position in the second blank, and his place of employment in the third blank. Use the space below item II for the names, positions, and places of employment of any additional defendants.)

II. Defendant: Thomas Jones. Narcotics Agent for Madison Cty. is employed as Madison County Sheriffs Department at Madison County, Madison, Miss.

The plaintiff is responsible for providing the court the name and address of each plaintiff(s) as well as the name(s) and address(es) of each defendant(s). Therefore, the plaintiff is required to complete the portion below:

PLAINTIFF:

NAME: Joseph S. Correro MDOC#52772
ADDRESS: East Ms. Corr Facility, 10641 Hwy. 80 West / P.O. Box 4217, Meridian, Ms. 39307

DEFENDANT(S):

NAME: / ADDRESS:

#1 Thomas Jones Narcotics Dept. For Madison County Sheriffs Dept. — ~~Ea~~ Hwy 51, Madison County Sheriffs Dept. Madison, Ms.

#2 M.D.O.C. officer Guillems. — Main St. Rear, Greenville Ms 38701

#3 officer Jones + Lee McNair — M.D.O.C. Main st Rear Greenville Ms. 38701

GENERAL INFORMATION

A. At the time of the incident complained of in this complaint, were you incarcerated because you had been convicted of a crime?

Yes (✓) No ( )

B. Are you presently incarcerated for a parole or probation violation?

Yes (✓) No ( )

C. At the time of the incident complained of in this complaint, were you an inmate of the Mississippi Department of Corrections (MDOC)?

Yes (✓) No ( )

D. Are you currently an inmate of the Mississippi Department of Corrections (MDOC)?

Yes (✓) No ( )

E. Have you completed the Administrative Remedy Program regarding the claims presented in this complaint?

Yes ( ) No (✓), if so, state the results of the procedure: In process of completing it.

F. If you are not an inmate of the Mississippi Department of Corrections, answer the following questions:

1. Did you present the facts relating to your complaint to the administrative or grievance procedure in your institution?

   Yes ( ) No ( )

2. State how your claims were presented (written request, verbal request, request for forms): ____________

3. State the date your claims were presented: ____________

4. State the result of the procedure: ____________

STATEMENT OF CLAIM

III. State here as briefly as possible the facts of your case. Describe how each defendant is involved. Also, include the names of other persons involved, dates, and places. Do not give any legal arguments or cite any cases or statutes. If you intend to allege a number of different claims, number and set forth each claim in a separate paragraph. (Use as much space as you need; attach extra sheet if necessary.)

After Beening sientence To HOUSE ARREST I WAS NOT TOLD By officer Jones of GREENVILLE MDOC, any of the RULES THAT I WAS SUPPOSE TO go By what SO EVERY. The phone LINE For The MONTER HAD'NT BEEN installed at the place I was staying.

The officer in Madision County shriffe Dept OFFICER Tommy JONES had Been Called twice By My Attorny MR. CLAY Comming for Judge Smith But Never RETURN ANY of The Calleo. Go to PAGE #1 whitch is attatch

RELIEF

IV. State what relief you seek from the court. Make no legal arguments. Cite no cases or statutes.

I want to get charges dropped and the detainer removed, thus being put back on house arrest while doing probation

Signed this 28th day of Oct., 20 2009.

Joseph S. Conero 52772
E.M.C.F.
Signature of plaintiff, prisoner number and address of plaintiff

I declare under penalty of perjury that the foregoing is true and correct.

10-28-2009
(Date)

Joseph S. Conero
Signature of plaintiff

ON JUNE 02, 2009 I was sentenced By Judge Smith, to (3 years) of witch. I had (1) year HOUSE ARREST. The M.D.O.C. officer, officer Chris orr, Told me I Need To get a phone line For the monter that I was to ware. That was on June 02, 2009 thurday. ON Wenday after they Cane By, and Put the line in From the phone Company. ~~me~~ ON June 10th 2009.

Then on or abont June 6th 2009 The Madison County ShirFFee Dept. Call my mothers house, and officer Tommy Jones Told ME That I could pick up my medicine, and two cell phone They had Taken from me about 2 and a half weeks befor when which I had To post a Bond frm when They pulled me over after which I had left The madison Discount Drug STore. I was Short on The count of Lorcet By The Drug was wrong By Forty SO They Took The medicen from me until had court on The Case and a charge of Sales of Lorcet, So I was out on Bond.

My att: a mr Clay Commins from GREENVILLE, ms. had Tryed To Call officer JONES of madison county Twice and had NO answer when I was sentenced To The 3 yr. with a year of HOUSE ArresT To Be Done Conceent with The 3 years. So on June 10th 2009 my self along with mrs. RoArk Rood To madision County shirffe Dept. To pick up The Medicen after mrs Roark and I left we went, By my son aptment at "The LINKS of madision" on Hwy 51. Then left Their and were headed home when a mrs Layana called me on The phone and ask me To meet her at a Quick STOP ond Hwy. 49 North. at which Time while we were waiting on her, a car pulled up and a women got out, of The a car That had pulled up Beside us on crutches I ask her what had Happened To her leg. she Cane up To The Window of the Truck mrs RoArK was driven and said she had hurt it in a Fall at her Fathers house Last Night, and still hadn't gone To The Hospital for it, then we drove off going To GREENVILLE So I could start my HOUSE AREST.

mrs. Roark had STarted down Hwy 49 North when a Large number of police & shirffe Car pulled us over place me and mrs RoArk Under arest and Took US Back To madison County Shirffe Dept. Then officer Tommy Jones Called my Probation officer in GREENVILLE MS. Dept of Con, Had me Vilated on a Sales charge put in to C.M.CF at Pearl MS. M.D.O.C. Then Placed a Detainer on me at From madision Countey Shirffee Dept.

Joseph Correro" 52772

ISTMISSISSIPPI CORRECTIONAL FACILITY
LEGAL A... PROGRAM
10641 HIGHWAY 80 WEST
MERIDIAN, MS 39307

HASLER $1.39 11/05/2009 Mailed From 39307 US POSTAGE

RECEIVED
NOV 06 2009
Clerk, U.S. District Court
Southern District of Miss

U.S. District Court
P.O. Box 23552
Jackson, MS 39225-3522